GROUP BENEFITS FOR PART-TIME OR CASUAL
HOSPITAL EMPLOYEES & RETIREES

Plan 2 Coverage

DESCRIPTION	COVERAGE LEVEL		
	Guaranteed		Not Guaranteed
	ESSENTIAL	COMPLETE	OPTIMUM
Coinsurance (Percentage the Insurer pays, subject to coverage maximums, applies to all categories of coverage unless otherwise specifically stated)	70%	70%	100%
Annual Plan Maximum	$5,000	Not applicable	Not applicable
Prescription Drugs (Pay Direct Drug Card system) Benefits include drugs legally requiring a prescription, diabetic needles and syringes. Pay generic only unless otherwise indicated in the prescription. Benefits do not include smoking cessation products and medication for the treatment of obesity, erectile dysfunction and infertility.	$750	$1,000	$10,000 90% Co-ins
Out of Country Travel Emergency medical services (60 day/trip, per CALENDAR year)	$1,000,000 100% Co-ins	$1,000,000 100% Co-ins	$1,000,000 100% Co-ins
Hospital Accommodations Semi private room in a public general hospital	Not applicable	$3,000 100% Co-ins	$5,000
Private Duty Nursing Services of an R.N or R.P.N or L.P.N	$2,500	$5,000	$5,000

PLAN 2 BENEFITS:

- ☑ Extended Health Care
- ☑ OPTIONAL Dental Care

Regardless of when you apply, your coverage will be GUARANTEED.

Applicants who submit a completed Form 2, Statement of Health, will be considered for our Optimum Level of coverage, more extensive coverage, at no additional cost.

DESCRIPTION	COVERAGE LEVEL		
	Guaranteed		Not Guaranteed
	ESSENTIAL	COMPLETE	OPTIMUM
Paramedical Services:			
Group 1: Physiotherapist, Psychologist, Speech Therapist	$300 per discipline	$400 per discipline	$500 per discipline
Group 2: Podiatrist, Chiropodist	$300 combined	$400 combined	$500 combined
Group 3: Registered Massage Therapist, Chiropractor, Osteopath, Naturopath, Acupuncturist, Dietician, Occupational Therapist	$300 combined	$400 combined	$500 combined
Vision (maximums apply every 24 months based on date of first paid claim) Prescription eye glasses and/or contact lenses and/ or laser eye surgery Eye exams (applies only to adults ages 20 years—64 years inclusive)	100% Co-ins $100 $65	100% Co-ins $150 $65	$250 Included in total
Audio Hearing aids, repairs or replacement parts (maximums apply every 5 years based on date of first paid claim)	$300	$400	$600
Accidental Dental accidental injury to natural teeth, submit accident report immediately	$1,500	$1,500	$2,500
Medical Items : wheelchair, hospital bed, glucometer and lancets, orthotics, prosthetics, ventilator, pressure gradient stockings etc. Each individual item is scaled to usual and customary limits.	$1,250	$1,500	$5,000
Emergency Transportation Land or air ambulance	Unlimited	Unlimited 100% Co-ins	Unlimited
Medical Alert Bracelets Maximums apply every 2 years based on date of first paid claim	$50	$50	$50
Employee Assistance Program 3 sessions (telephonic/e-counseling/in-person) per person, per issue	Included	Included	Included

Plan 2 Premium Guide:

Rates are effective as of November 1, 2016

These are monthly rates and are inclusive of all taxes and fees.

"Plan 2" Under 18 hours per week			
	Extended Health Care Coverage (NO dental)	**Extended Health Care** *including* **Basic Dental**	**Extended Health Care** *including* **Enhanced Dental**
Single	$103.88	$151.41	$168.28
Couple	$199.55	$283.95	$314.19
Family	$240.96	$370.75	$416.84

HCP Dental Care Insurance

Health Care Providers offers two optional dental coverage plans that are available with all HCP plans.

Please note: Coverage maximums are per benefit year (unless stated otherwise) and apply to each subscriber and insured dependent.

DESCRIPTION	BASIC	ENHANCED
Co-Insurance: percentage the insurer pays, subject to maximums Year 1 Year 2 and all subsequent years	 70% 80%	 80% 80%
Overall Coverage Maximums: Year 1 Year 2 Year 3	 $500 $750 $1000	 $500 $750 $1000
Endodontal and Periodontal Services	50%	80%
Major Restorative Services: (available ONLY after the 36th month on the plan, subject to a maximum of $500 from within the overall coverage maximum)	Not included	50%

Summary of Eligible Services

- ☑ Recall examinatons once every 9 months
- ☑ Fillings, cleanings, scalings, examinatons and polishing
- ☑ Extractions
- ☑ Endodontic treatment (root canal therapy)
- ☑ Periodontal treatment (diseased bones and gums)
- ☑ Standard denture services
- ☑ Surgical services
- ☑ General anesthetic

Major Restorative Services (ENHANCED dental care only)

- ☑ Dentures: standard dentures including complete, immediate, transitional and partial dentures
- ☑ Crowns: standard onlays or crown restorations (paid to full metal on molar) to restore diseased or accidentally
- ☑ Bridges: standard bridges, including pontics, abutment retainers/crowns (paid to full metal on molar) on
- ☑ Repair: standard repair or re-cementing of crowns, onlays and bridge work on natural teeth